

**IN THE UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION**

| | | |
|--|---|------------------------------|
| IN RE: |) | CHAPTER 13 |
| |) | |
| MARCUS ARMOUR OLIVER & CHUDNEY WILLIAMS OLIVER, |) | CASE NO. 14-61319-WLH |
| |) | |
| Debtors. |) | |

AMENDMENT TO CHAPTER 13 SCHEDULES

COME NOW, the Debtors herein, and amends their Chapter 13 Schedules as follows:

SCHEDULE B: Debtors amend their **Schedules B** to disclose 1996 Dodge Ram 1500 Pickup.

SCHEDULE D: Debtors amend Schedule D to update claim balances based on filed claims and to ADD secured claim of:

1st Franklin Financial Corp.
P.O. Box 1095
Carrollton, GA 30112

SCHEDULE F: Debtors amend Schedule D to update balances based on filed claims.

SCHEDULE I: Debtors amend Schedule J to adjust their gross income after review of all pay advices for the 6 months prior to case filing and to reflect husband's \$207.66 monthly mandatory contribution to his pension.

SCHEDULE J: Debtors amend Schedule J as to adjust monthly household expenses resulting in monthly disposable income of **\$1,578.12**.¹

Attached hereto and made a part of this amendment are the revised Schedules B, D, F, I, J, Summary of Schedules, Statistical Summary, and Declaration of Schedules.

¹ Changes highlighted in yellow

WHEREFORE, Debtors pray that this amendment be accepted and that their Plan be confirmed and administered as provided herein.

This 22nd day of September, 2014.

R&R Law Group, LP
2199 Lenox Road, NE, Suite A
Atlanta, Georgia 30324
(404) 636-9957

/s/
Richard K. Valdejuli
Ga. State Bar # 723225
Attorney for Debtors

In re Marcus Armour Oliver & Chudney Williams Oliver Case No. 14-61319-WLH - Amended
 Debtor (If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|---|------------------|--|--------------------------------------|--|
| 1. Cash on hand. | | Cash | J | 48.00 |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | X | | | |
| 3. Security deposits with public utilities, telephone companies, landlords, and others. | X | | | |
| 4. Household goods and furnishings, including audio, video, and computer equipment. | | Kirby Vaccum Household goods and furnishings (no item exceeding \$300.00 value) | W J | 1,100.00 8,000.00 |
| 5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles. | X | | | |
| 6. Wearing apparel. | | Misc. Clothing | J | 900.00 |
| 7. Furs and jewelry. | | Misc. Jewelry | J | 900.00 |
| 8. Firearms and sports, photographic, and other hobby equipment. | X | | | |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each. | X | | | |
| 10. Annuities. Itemize and name each issuer. | X | | | |
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X | | | |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars. | X | | | |

In re Marcus Armour Oliver & Chudney Williams OliverCase No. 14-61319-WLH - Amended

Debtor

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|---|--|--|
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize. | X | | | |
| 14. Interests in partnerships or joint ventures. Itemize. | X | | | |
| 15. Government and corporate bonds and other negotiable and non-negotiable instruments. | X | | | |
| 16. Accounts receivable. | X | | | |
| 17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars. | X | | | |
| 18. Other liquidated debts owing debtor including tax refunds. Give particulars. | X | | | |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property. | X | | | |
| 20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust. | X | | | |
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each. | X | | | |
| 22. Patents, copyrights, and other intellectual property. Give particulars. | X | | | |
| 23. Licenses, franchises, and other general intangibles. Give particulars. | X | | | |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X | | | |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories. | | 2005 Chrysler Pacifica (174K miles) 2010 Chevy Tahoe (117K miles) 2012 VW CC 1996 Dodge Ram 1500 | J J J H | 6,850.00 33,461.37 25,000.00 1,949.39 |
| 26. Boats, motors, and accessories. | X | | | |
| 27. Aircraft and accessories. | X | | | |
| 28. Office equipment, furnishings, and supplies. | X | | | |

In re

Marcus Armour Oliver & Chudney Williams Oliver

Debtor

Case No.

14-61319-WLH - Amended

(If known)

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

| TYPE OF PROPERTY | N O N E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT OR COMMUNITY | CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |
|--|------------------|---|--------------------------------------|--|
| 29. Machinery, fixtures, equipment, and supplies used in business. | X | | | |
| 30. Inventory. | X | | | |
| 31. Animals. | X | | | |
| 32. Crops - growing or harvested. Give particulars. | X | | | |
| 33. Farming equipment and implements. | X | | | |
| 34. Farm supplies, chemicals, and feed. | X | | | |
| 35. Other personal property of any kind not already listed. Itemize. | X | | | |
| <div> <div>0</div> <div>continuation sheets attached</div> <div>Total</div> </div> | | | | <div>\$</div> <div>78,208.76</div> |

(Include amounts from any continuation
sheets attached. Report total also on
Summary of Schedules.)

B6D (Official Form 6D) (12/07)In re Marcus Armour Oliver & Chudney Williams Oliver
DebtorCase No. 14-61319-WLH - Amended
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|--|---|------------|--------------|----------|---|---------------------------------|
| ACCOUNT NO. Claim 15-1 1st Franklin Financial Corp. P.O. Box 1095 Carrollton, GA 30112 | J | Lien: Title holder Security: 1996 Dodge Ram 1550 | | | | 1,949.39 | 0.00 |
| | | VALUE \$ 1,949.39 | | | | | |
| ACCOUNT NO. Claim 12-1 Capital One Auto Finance P.O. Box 260848 Plano, TX 75093 | J | Incurred: 11/13 Lien: Title holder Security: 2012 VW CC \$564.00/month (2 arrears) | | | | 24,387.00 | 0.00 |
| | | VALUE \$ 25,000.00 | | | | | |
| ACCOUNT NO. First Line Financial P.O. Box 895 Great Falls, VA 22066 | W | Incurred: 9/13 Lien: PMSI Security: Kirby Vacuum | | | | 1,100.00 | 0.00 |
| | | VALUE \$ 1,100.00 | | | | | |
| 2 continuation sheets attached | | | | | | \$ 27,436.39 | \$ 0.00 |
| (Total of this page) | | | | | | | |
| (Use only on last page) | | | | | | | |

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Marcus Armour Oliver & Chudney Williams OliverCase No. 14-61319-WLH - Amended

Debtor

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|---|--|------------|--------------|----------|---|---------------------------------|
| ACCOUNT NO. Claim 7-1 | J | Lien: Statutory HOA lien | | | | 575.25 | 575.25 |
| Mirror Lake Home Owners Association | | Security: Residence | | | | | |
| 1000 Shoreline Parkway | | \$425.00 annually | | | | | |
| Villa Rica, GA 30180 | | VALUE \$ 0.00 | | | | | |
| ACCOUNT NO. | J | Incurred: 2008 | | | | 211,200.00 | 19,588.00 |
| Ocwen Loan Servicing | | Lien: 1st Mortgage | | | | | |
| P.O. Box 785056 | | Security: Residence | | | | | |
| Orlando, FL 32878 | | \$1,536.00/month | | | | | |
| | | (\$3,980.00 arrears) | | | | | |
| | | VALUE \$ 191,612.00 | | | | | |
| ACCOUNT NO. | J | Lien: 2nd Mortgage | | | | 52,981.00 | 52,981.00 |
| Ocwen Loan Servicing, LLC | | Security: Residence | | | | | |
| Attn: Bankruptcy Department | | To be stripped | | | | | |
| P.O. BOX 24605 | | VALUE \$ 0.00 | | | | | |
| West Palm Beach, FL 33416-4605 | | | | | | | |
| ACCOUNT NO. Claim 2-1 | J | Incurred: 2005 | | | | 9,915.22 | 3,065.22 |
| Santander Consumer USA | | Lien: Title holder | | | | | |
| Suite 1100-N | | Security: 2005 Chrysler Pacifica (174K miles) | | | | | |
| 8585 N Stemmons Frwy | | \$436.00/month | | | | | |
| Dallas, TX 75247 | | (2 arrears) | | | | | |
| | | VALUE \$ 6,850.00 | | | | | |
| ACCOUNT NO. Claim 1-1 | J | Incurred: 4/12 | | | | 33,461.37 | 0.00 |
| Santander Consumer USA | | Lien: Title holder | | | | | |
| Suite 1100-N | | Security: 2010 Chevy Tahoe (117K miles) | | | | | |
| 8585 N Stemmons Frwy | | \$786.00/month | | | | | |
| Dallas, TX 75247 | | (2 arrears) | | | | | |
| | | VALUE \$ 33,461.37 | | | | | |

Sheet no. 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured ClaimsSubtotal (s)
(Total(s) of this page)
Total(s)
(Use only on last page)

| | |
|----------------------|----|
| \$ 308,132.84 | \$ |
| \$ | \$ |

(Report also on
Summary of Schedules)
(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6D (Official Form 6D) (12/07) – Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
Debtor

Case No. 14-61319-WLH - Amended
(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL | UNSECURED PORTION, IF ANY |
|---|--|--|------------|--------------|----------|---|---------------------------------|
| ACCOUNT NO. | J | Lien: Time Share Deed Security: 1 week Orlando To surrender | | | | 1,683.00 | 1,183.00 |
| Westgate Resorts P.O. Box 628014 Orlando, FL 32862 | | VALUE \$ 500.00 | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | | | | | | | |
| ACCOUNT NO. | | | | | | | |

Sheet no. 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Secured Claims

| | | |
|-------------------------|---------------|--------------|
| Subtotal (s) | \$ 1,683.00 | \$ 1,183.00 |
| (Total(s) of this page) | | |
| Total(s) | \$ 337,252.23 | \$ 77,392.47 |
| (Use only on last page) | | |

(Report also on
Summary of Schedules)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

B6F (Official Form 6F) (12/07)

In re **Marcus Armour Oliver & Chudney Williams Oliver**
DebtorCase No. **14-61319-WLH - Amended**
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|--|------------|--------------|----------|--------------------------------------|
| ACCOUNT NO. | | | | | | |
| Allied Collection For Children's Healthcare P.O. Box 640 Hoschton, GA 30548 | W | | | | | Notice Only |
| ACCOUNT NO. | | | | | | |
| Alpha Recovery Corp. For Jefferson Capital 5660 Greenwood Plaza Blvd. Suite 101 Greenwood Village, CO 80111 | H | | | | | Notice Only |
| ACCOUNT NO. Claim 8-1 | | Consideration: Assignee Credit One Bank | | | | |
| American InfoSource LP as agent for Midland Funding LLC PO Box 268941 Oklahoma City, OK 73126-894 | W | | | | | 987.99 |
| ACCOUNT NO. Claim 3-1 | | Consideration: Payday Loan | | | | |
| American InfoSource LP as agent Spot Loan fka Zestcash PO Box 248838 Oklahoma City, OK 73124-8838 | H | | | | | 642.05 |
| 7 continuation sheets attached | | | | | | Subtotal ➤ \$ 1,630.04 |
| | | | | | | Total ➤ \$ |

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
Debtor

Case No. 14-61319-WLH - Amended
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|--|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. 1061464-01 ARA For Credit Acceptance Corp. P.O. Box 5002 Villa Park, IL 60181 | J | Incurred: 1195 Consideration: Deficiency on repossession | | | | 11,967.34 |
| ACCOUNT NO. Atlanta Outpatient Surgery Center c/o Intrinsic Rev, LLC P.O. Box 467511 Atlanta, GA 31146 | H | Consideration: Collection on medical services | | | | 530.65 |
| ACCOUNT NO. Claim 6-1 BB&T c/o FBCS 2200 Byberry Road, Ste. 120 Hathboro, PA 19040 | W | Consideration: Collection on overdraft account | | | | 359.92 |
| ACCOUNT NO. Claim 5-1 BB&T c/o I.C. Systems P.O. Box 64378 St, Paul, MN 55164 | W | Consideration: Account overdraft | | | | 1,692.16 |
| ACCOUNT NO. Capital One Bankruptcy Department P.O. Box 85167 Richmond, VA 23285 | H | Consideration: Visa account | | | | 815.00 |

Sheet no. 1 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal > \$ **15,365.07**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
Debtor

Case No. 14-61319-WLH - Amended
(If known)

SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | H | Consideration: Visa account | | | | 350.00 |
| Capital One Bankruptcy Department P.O. Box 85167 Richmond, VA 23285 | | | | | | |
| ACCOUNT NO. Claim 4-1 | W | Consideration: Signature Loan | | | | 426.03 |
| Carrol Finance Company 1004 Bankhead Hwy Suite C-43 Carrolton, GA 30117 | | | | | | |
| ACCOUNT NO. | W | Consideration: Medical Services | | | | 450.00 |
| Children's Healthcare of Atlanta P.O. Box 116293 Atlanta, GA 30368 | | | | | | |
| ACCOUNT NO. | W | Consideration: Account overdraft | | | | 447.41 |
| Community & Southern Bank 201 Maple Street Carrolton, GA 30177 | | | | | | |
| ACCOUNT NO. | W | Consideration: Collection on credit account | | | | Notice Only |
| EOS CCA For QVC 700 Longwater Drive Norwell, MA 02061 | | | | | | |

Sheet no. 2 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority Claims

Subtotal \$ **1,673.44**

Total \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
DebtorCase No. 14-61319-WLH - Amended
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| First National Collection Bureau For First Premier Bank 610 Waltham Way Sparks, NV 89434 | W | | | | | Notice Only |
| ACCOUNT NO. Claim 13-1 | | Consideration: Credit account | | | | |
| Ginny's 1112 7th Ave., Monroe, WI 53566 | H | | | | | 678.22 |
| ACCOUNT NO. Claim 16-1 | | Consideration: Credit account | | | | |
| Ginny's c/o Creditors Bankruptcy Service P O Box 740933 Dallas, TX 75374 | W | | | | | 371.83 |
| ACCOUNT NO. Claim 10-1 | | Consideration: Collection on Credit account | | | | |
| Jefferson Capital Systems LLC For Aspire Card PO BOX 7999 St. Cloud, MN 56302-9617 | H | | | | | 510.94 |
| ACCOUNT NO. | | Consideration: Medical provider | | | | |
| LabCorp P.O. Box 2240 Burlington, NC 27216 | W | | | | | 164.00 |

Sheet no. 3 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **1,724.99**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
DebtorCase No. 14-61319-WLH - Amended
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| Management Services, Inc. For NCB Management P.O. Box 1099 Langhorne, PA 190477 | H | | | | | Notice Only |
| ACCOUNT NO. | | | | | | |
| Mercantile Adjustment Bureau For Scana Energy P.O. Box 9315A Rochester, NY 14604 | H | | | | | Notice Only |
| ACCOUNT NO. | | | | | | |
| Midland Credit Management for Credit One Bank 8875 Aero Drive, Suite 200 San Diego, CA 92123 | W | | | | | Notice Only |
| ACCOUNT NO. | | Consideration: Line of Credit | | | | |
| NCB Management Services For Household Bank Nevada P.O. Box 1099 Langhorne, PA 19047 | H | | | | | 9,182.00 |
| ACCOUNT NO. | | Consideration: Unsecured portion after application of § 506 Valuation | | | | |
| Ocwen Loan Servicing P.O. Box 785056 Orlando, FL 32878 | H | | | | | 52,981.00 |

Sheet no. 4 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **62,163.00**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
DebtorCase No. 14-61319-WLH - Amended
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | W | Consideration: Medical Services | | | | 285.20 |
| Pinnacle Marietta 300 Tower Road Suite 101 Marietta, GA 30060 | | | | | | |
| ACCOUNT NO. Claim 11-1 | W | Consideration: Mastercard account | | | | 442.55 |
| Premier Bankcard/Charter P.O. Box 2208 Vacaville, CA 95696 | | | | | | |
| ACCOUNT NO. | W | Consideration: Credit account | | | | 300.20 |
| QVC P.O. Box 4144 Carol Stream, IL 60197 | | | | | | |
| ACCOUNT NO. | W | Consideration: Collection on medical services | | | | 579.33 |
| RGL Asociates 3536 Darien Hwy Brunswick, GA 31525 | | | | | | |
| ACCOUNT NO. | H | | | | | Notice Only |
| RGL Asociates For Tanner Health Systems 3536 Darien Hwy Brunswick, GA 31525 | | | | | | |

Sheet no. 5 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **1,607.28**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
DebtorCase No. 14-61319-WLH - Amended
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | | | | | | |
| RMCB Collection Co. For Labcor P.O. Box 1235 Elmsford, NY 10523 | W | | | | | Notice Only |
| ACCOUNT NO. Claim 9-1 | | | | | | |
| Scana Energy 220 Operation Way, MC C222 Cayce, SC 29033 | H | Consideration: Past utility (Gas/Electric or Water) | | | | 485.73 |
| ACCOUNT NO. | | | | | | |
| Sean R. Kasper, Esq. For Tanner Health System P.O. Box 1054 Brunswick, GA 31521 | W | | | | | Notice Only |
| ACCOUNT NO. | | | | | | |
| SunTrust Bank Recovery Department P.O. Box 26150 Richmond, VA 23260 | H | Consideration: Account overdraft | | | | 295.50 |
| ACCOUNT NO. | | | | | | |
| Tanner Health System P.O. Box 1054 Brunswick, GA 31521 | W | Consideration: Judgment on account | | | | 515.00 |

Sheet no. 6 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **1,296.23**

Total > \$

(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Marcus Armour Oliver & Chudney Williams Oliver
DebtorCase No. 14-61319-WLH - Amended
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

| CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY | DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF CLAIM |
|---|--|---|------------|--------------|----------|-----------------------|
| ACCOUNT NO. | H | Consideration: Medical provider (multiple accpunts) | | | | 375.00 |
| Tanner Health Systems P.O. Box 277368 Atlanta, GA 30384 | | | | | | |
| ACCOUNT NO. | W | Consideration: Medical provider | | | | 250.00 |
| Tanner Medical Center c/o Amcol Systems P.O. Box 21625 Columbia, SC 29221 | | | | | | |
| ACCOUNT NO. | H | | | | | Notice Only |
| United Recovery Systems For SunTrust Bank 5800 North Course Drive Houston, TX 77072 | | | | | | |
| ACCOUNT NO. Claim 14-1 | H | Consideration: Line of Credit | | | | 2,124.08 |
| Wells Fargo Financial Cards P.O. Box 10347 Des Moines, IA 50306 | | | | | | |
| ACCOUNT NO. | W | Consideration: Payday Loan | | | | 377.00 |
| White Hills Cash P.O. Box 330 Hays, MT 59527 | | | | | | |

Sheet no. 7 of 7 continuation sheets attached
to Schedule of Creditors Holding Unsecured
Nonpriority ClaimsSubtotal > \$ **3,126.08**Total > \$ **88,586.13**(Use only on last page of the completed Schedule F.)
(Report also on Summary of Schedules and, if applicable, on the
Statistical Summary of Certain Liabilities and Related Data.)

Fill in this information to identify your case:

Debtor 1 Marcus Armour Oliver
 First Name Middle Name Last Name

Debtor 2 Chudney Williams Oliver
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of GA

Case number 14-61319-WLH - Amended
 (If known)

Check if this is:

- ☒ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 61

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

☒ Employed
☐ Not employed

Occupation

Police Officer

Employer's name

Fulton County School Police Dept.

Employer's address

786 Cleveland Avenue, SW

Number Street

Atlanta, GA 30359

City State ZIP Code

How long employed there? 17 years

Debtor 2 or non-filing spouse

☒ Employed
☐ Not employed

Supervisor

U.S. Postal Service

2825 Lone Oak Pkwy

Number Street

Eagan, MN 55121

City State ZIP Code

15 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 4,941.80 \$ 4,660.39

3. Estimate and list monthly overtime pay.

3. + \$ 0.00 + \$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 4,941.80 \$ 4,660.39

Marcus Armour Oliver

14-61319-WLH - Amended

Debtor 1

First Name Middle Name Last Name

Case number (if known)

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|---|--------------|-----------------------------------|
| Copy line 4 here..... 4. | \$ 4,941.80 | \$ 4,660.39 |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | \$ 494.18 | \$ 401.96 |
| 5b. Mandatory contributions for retirement plans | \$ 207.66 | \$ 37.28 |
| 5c. Voluntary contributions for retirement plans | \$ 0.00 | \$ 0.00 |
| 5d. Required repayments of retirement fund loans | \$ 0.00 | \$ 17.96 |
| 5e. Insurance | \$ 63.10 | \$ 372.36 |
| 5f. Domestic support obligations | \$ 0.00 | \$ 0.00 |
| 5g. Union dues | \$ 0.00 | \$ 55.48 |
| 5h. Other deductions. Specify: ; Charity | +\$ 0.00 | +\$ 10.83 |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h. | \$ 764.94 | \$ 895.87 |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | \$ 4,176.86 | \$ 3,764.52 |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | \$ 0.00 | \$ 0.00 |
| 8b. Interest and dividends | \$ 0.00 | \$ 0.00 |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | \$ 0.00 | \$ 0.00 |
| 8d. Unemployment compensation | \$ 0.00 | \$ 0.00 |
| 8e. Social Security | \$ 0.00 | \$ 0.00 |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: ; | \$ 0.00 | \$ 0.00 |
| 8g. Pension or retirement income | \$ 0.00 | \$ 0.00 |
| 8h. Other monthly income. Specify: ; | +\$ 0.00 | +\$ 0.00 |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h. | \$ 0.00 | \$ 0.00 |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | \$ 4,176.86 | \$ 3,764.52 |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: ; | | 11. + \$ 0.00 |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies | | \$ 7,941.38 |
| 13. Do you expect an increase or decrease within the year after you file this form? <input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: W's TSP loan payoff date is 8/10/15 | | Combined monthly income |

Fill in this information to identify your case:

Debtor 1 Marcus Armour Oliver
First Name Middle Name Last Name

Debtor 2 Chudney Williams Oliver
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of GA

Case number 14-61319-WLH - Amended
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:
 MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form ■ 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. **Does Debtor 2 live in a separate household?**
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☐ No
- ☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

son

19

- ☐ No
- ☒ Yes

son

16

- ☐ No
- ☒ Yes

daughter

14

- ☐ No
- ☒ Yes

son

10

- ☐ No
- ☒ Yes

daughter

2

- ☐ No
- ☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form ■ 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses

4. \$ 1,536.00

If not included in line 4:

| | |
|---|--------------|
| 4a. Real estate taxes | 4a. \$ 0.00 |
| 4b. Property, homeowner's, or renter's insurance | 4b. \$ 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses | 4c. \$ 60.00 |
| 4d. Homeowner's association or condominium dues | 4d. \$ 35.41 |

Debtor 1 Marcus Armour Oliver
 First Name Middle Name Last Name

Case number (if known) 14-61319-WLH - Amended

| | | Your expenses |
|--|------|---------------|
| 5. Additional mortgage payments for your residence , such as home equity loans | 5. | \$ 0.00 |
| 6. Utilities: | | |
| 6a. Electricity, heat, natural gas | 6a. | \$ 475.00 |
| 6b. Water, sewer, garbage collection | 6b. | \$ 170.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ 391.00 |
| 6d. Other. Specify: <u>cell</u> | 6d. | \$ 150.00 |
| 7. Food and housekeeping supplies | 7. | \$ 1,200.00 |
| 8. Childcare and children's education costs | 8. | \$ 258.00 |
| 9. Clothing, laundry, and dry cleaning | 9. | \$ 225.00 |
| 10. Personal care products and services | 10. | \$ 75.00 |
| 11. Medical and dental expenses | 11. | \$ 100.00 |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ 720.00 |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ 0.00 |
| 14. Charitable contributions and religious donations | 14. | \$ 167.85 |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. | \$ 0.00 |
| 15b. Health insurance | 15b. | \$ 0.00 |
| 15c. Vehicle insurance | 15c. | \$ 320.00 |
| 15d. Other insurance. Specify: _____ | 15d. | \$ 0.00 |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. | \$ 0.00 |
| 17. Installment or lease payments: | | |
| 17a. Car payments for Vehicle 1 | 17a. | \$ 0.00 |
| 17b. Car payments for Vehicle 2 | 17b. | \$ 0.00 |
| 17c. Other. Specify: _____ | 17c. | \$ 0.00 |
| 17d. Other. Specify: _____ | 17d. | \$ 0.00 |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I). | 18. | \$ 0.00 |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. | \$ 0.00 |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. | \$ 0.00 |
| 20b. Real estate taxes | 20b. | \$ 0.00 |
| 20c. Property, homeowner's, or renter's insurance | 20c. | \$ 0.00 |
| 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ 0.00 |
| 20e. Homeowner's association or condominium dues | 20e. | \$ 0.00 |

Debtor 1 Marcus Armour Oliver
First Name Middle Name Last Name

Case number (if known) 14-61319-WLH - Amended

21. **Other.** Specify: Child Care Kid's University (2 year old)

21. **+\$** 480.00

22. **Your monthly expenses.** Add lines 4 through 21.
The result is your monthly expenses.

22. **\$** 6,363.26

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$** 7,941.38

23b. Copy your monthly expenses from line 22 above.

23b. **− \$** 6,363.26

23c. Subtract your monthly expenses from your monthly income.
The result is your *monthly net income*.

23c. **\$** 1,578.12

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

B6 Summary (Official Form 6 - Summary) (12/13)

United States Bankruptcy Court
Northern District of Georgia - Atlanta Division
Marcus Armour Oliver & Chudney Williams Oliver

In re _____
Debtor

Case No. 14-61319-WLH - Amended

Chapter 13

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

AMOUNTS SCHEDULED

| NAME OF SCHEDULE | ATTACHED (YES/NO) | NO. OF SHEETS | ASSETS | LIABILITIES | OTHER |
|---|----------------------|---------------|---------------------|----------------------|--------------------|
| A – Real Property | NO | 0 | \$ 0.00 | | |
| B – Personal Property | YES | 3 | \$ 78,208.76 | | |
| C – Property Claimed as exempt | YES | 1 | | | |
| D – Creditors Holding Secured Claims | YES | 3 | | \$ 337,252.23 | |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | YES | 2 | | \$ 0.00 | |
| F - Creditors Holding Unsecured Nonpriority Claims | YES | 8 | | \$ 88,586.13 | |
| G - Executory Contracts and Unexpired Leases | NO | 0 | | | |
| H - Codebtors | NO | 0 | | | |
| I - Current Income of Individual Debtor(s) | YES | 2 | | | \$ 7,941.38 |
| J - Current Expenditures of Individual Debtors(s) | YES | 3 | | | \$ 6,363.26 |
| TOTAL | | 22 | \$ 78,208.76 | \$ 425,838.36 | |

United States Bankruptcy Court

Northern District of Georgia - Atlanta Division

In re Marcus Armour Oliver & Chudney Williams OliverCase No. 14-61319-WLH - Amended

Debtor

Chapter 13

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability | Amount |
|---|----------------|
| Domestic Support Obligations (from Schedule E) | \$ 0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) | \$ 0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$ 0.00 |
| Student Loan Obligations (from Schedule F) | \$ 0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E | \$ 0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F) | \$ 0.00 |
| TOTAL | \$ 0.00 |

State the Following:

| | |
|---|--------------------|
| Average Income (from Schedule I, Line 12) | \$ 7,941.38 |
| Average Expenses (from Schedule J, Line 22) | \$ 6,363.26 |
| Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20) | \$ 9,157.27 |

State the Following:

| | | |
|--|----------------|----------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column | | \$ 77,392.47 |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column. | \$ 0.00 | |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column | \$ 0.00 | |
| 4. Total from Schedule F | | \$ 88,586.13 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4) | | \$ 165,978.60 |

Marcus Armour Oliver & Chudney Williams Oliver

In re _____
Debtor

Case No. 14-61319-WLH - Amended
(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 9/19/14

Signature: /s/ Marcus Armour Oliver
Debtor

Date 9/19/14

Signature: /s/ Chudney Williams Oliver
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,
of Bankruptcy Petition Preparer

Social Security No.
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X _____
Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the _____ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the _____ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date _____

Signature: _____

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

CERTIFICATE OF SERVICE

This is to certify that I have this day served all parties in the foregoing matter with a copy of the foregoing “***AMENDMENT TO CHAPTER 13 SCHEDULES***” by depositing in the United States Mail, a copy of same in a properly addressed envelope with adequate postage thereon upon:

Nancy J. Whaley
Standing Chapter 13 Trustee
Suite 120
303 Peachtree Center Avenue
Atlanta, GA 30303

1st Franklin Financial Corp.
P.O. Box 1095
Carrollton, GA 30112

This 22nd day of September, 2014.

_____/s/_____
Richard K. Valldejuli
Ga. State Bar # 723225
Attorney for Debtors

R&R Law Group, LP
2199 Lenox Road, NE, Suite A
Atlanta, Georgia 30324
(404) 636-9957